EARLY CHILDHOOD EDUCATION PK3 and
EARLY CHILDHOOD SPECIAL EDUCATION
INTERNSHIP APPLICATION
George Mason University
College of Education and Human Development
Clinical Practice Office
4400 University Drive
Thompson 1708, MS 6C13
Fairfax, VA 22030-4444
(703) 993-9777

This application is to be completed by students requesting placement at an internship site(s).

**STEPS FOR APPLYING**

Check the appropriate deadline for your application. Applications must be signed by your advisor before being submitted to the Clinical Practice Specialist. Submit two complete packets to your advisor for review at least 2 weeks prior to the deadline.

☐ Spring Applications—Due to Clinical Practice Specialist by **September 15**

☐ Fall Applications—Due to Clinical Practice Specialist by **February 15**

**NOTE: Any application turned in past the deadline WILL NOT BE ACCEPTED.**

STEP 1
Complete and provide official passing scores for all applicable tests. Sealed, official score reports for all applicable tests should be sent to CEHD Admissions, 4400 University Dr., MS: 4D1, Fairfax, VA 22030. All official and passing test scores must be submitted and in the Mason system (i.e. Banner/PatriotWeb) by the application deadline.

STEP 2
Add on the secondary licensure graduate certificate. You must be enrolled in the Early Childhood Education PK3 (EPK3), the Early Childhood Special Education (ECSE), or the Dual Licensure EPK3 and ECSE Graduate Certificate to apply for an internship.

STEP 3
Indicate which of the following internships for which you are applying (consult with an advisor to ensure you register for the correct internship):

_____ ECED 790 Internship with Diverse Preschool Children (3 credits)
_____ ECED 791 Internship with Diverse Infants/Toddlers (3 credits)
_____ ECED 793 Internship in Preschool Early Childhood Special Education (3 credits)
_____ ECED 795 Internship in Kindergarten – Third Grade (3 credits)
**STEP 4**
Complete internship application packet. Packet must include the following:

- Complete the ONLINE internship application BEFORE submitting your paper application at [http://cehd.gmu.edu/internship-application](http://cehd.gmu.edu/internship-application).

- Internship Application

- Unofficial Mason transcript (available at [http://patriotweb.gmu.edu](http://patriotweb.gmu.edu))

- A Two-Page, Typed Goals Statement *(NOTE: Students may use an updated version of the goals statement submitted as part of their application to the program.)*

- Current Resume

- Completed Endorsement Checklist (EPK3 and Dual Licensure students only)

- Certificate of Successful Completion of the online child abuse and neglect training

- Negative PPD/Skin TB test results
  (must be current within 12 months of the internship start date)

- First Aid/CPR/AED Requirement for Licensure (Required)

All documents are required by the application deadline.

If you withdraw from your internship, a new application and supporting documents are required by the following applicable semester deadline.

**STEP 5**
Obtain advisor’s signature. Your application must have your advisor’s signature before you submit your packet to the internship coordinator. Submit two complete packets including all supporting documentation to your advisor at least 2 weeks prior to deadline for application submission to the clinical practice specialist. You are encouraged to meet with your advisor in advance of the due date to review your program status and plans for internship. If you do not arrange a meeting, you will need to include a fax number or self-addressed, stamped envelope with your packet so that your signed application may be returned to you.

**STEP 6**
Submit copies of the completed packet with all necessary signatures to the clinical practice specialist (Thompson 1708 or mail to the address at the top of the application) by the deadline. Students applying for an internship should submit 2 copies. Students should retain a copy of the packet for their records.

Traditional students register at [https://patriotweb.gmu.edu](https://patriotweb.gmu.edu).
Internship period: _____ Fall  _____ Spring
Year: _________

APPLICANT INFORMATION:

Name: __________________________________________

                        Last          First          Middle Initial

G Number: ____________________________ Mason E-Mail ____________________________

Current Address: _____________________________________________________________

                        Street          City          State          Zip

Current Phone: Day __________________________ Evening __________________________


CONCENTRATION INFORMATION:

Licensure Certificate Program (check one)

___ Early Childhood Special Education (ECSE)
___ Early Childhood Pre-Kindergarten – Third Grade (EPK3)
___ Dual Licensure EPK3 and ECSE

NOTE: The licensure certificate program should correspond with the certificate program listed on your unofficial transcript under the Current Program section. Please check your unofficial transcript to ensure you are in the appropriate program and applying for the correct internship.

Test Scores (check one for each test):

Praxis Core Academic Skills for Educators Tests or substitute (ACT/SAT): _____ on file

VCLA: ______________________________________ on file

Praxis II (EPK3 and Dual Licensure only):  _____ on file  _____ n/a

Explain reason for exemption from any of the above tests and provide documentation, such as copy of teaching license, if applicable. See advisor regarding exemptions.):
EARLY CHILDHOOD EDUCATION INTERNSHIP PLANS

Check one:

☐ This is my first internship.
☐ I am applying for multiple internship placements within the same semester.
☐ This is not my first internship. If you have completed internships previously, list internship details below:

Name of School ____________________________ Grade/Age Level ________________ No. of Credits
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

ADVISOR REVIEW (To Be Completed by Advisor)

I certify that the student has completed all endorsement (EPK3 and Dual Licensure only) and other requirements to participate in this internship and meets the standards for a professional disposition.

Signature of Advisor: ____________________________________________ Date: __________________